

LDL- _____
(INTERNAL USE)



LIMITED DURATION LICENSE APPLICATION (LDL)

Commercial Parking Facility (Not Currently Licensed)

Event Name: _____

Business Name: _____

Applicant Information

Name: _____

Street: _____

City, ST ZIP: _____

Phone Number: _____

Email: _____

Activity Information

Address of Activity: _____

Map/Aerial Included? ☐ Yes ☐ No

of Employees: _____ Approximate # of Spaces: _____

List of Employees: _____

By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to activities identified herein whether caused by negligence of the City or otherwise. I affirm, under the penalties of perjury, that the foregoing representations are true.

Signature: _____

Date: _____

I, _____, give my permission to operate a temporary commercial parking facility on my property located at _____ in Marion County, Indiana, starting on the date of ____/____/____ and concluding the date of ____/____/____. I also acknowledge that I am the property owner, authorizing agent of the property owner, or a lessee (for a period of at least one (1) year) of the property listed above. I also understand that I, as well as the applicant, may be held responsible for any violations of the Indianapolis/Marion County Revised Code that may occur as a result of such activity.

OWNER SIGNATURE

PRINTED NAME

DATE

LESSEE SIGNATURE

PRINTED NAME

DATE

APPLICANT SIGNATURE

PRINTED NAME

DATE

Department of Code Enforcement | Business Licensing

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